

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action			Date of This Filing 11/01/2018	Date Stamp Page 1 of 6	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)576-1233	I.D. NUMBER (if applicable) 1399958	Report No. 54			
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Los Angeles	STATE CA	ZIP CODE 90024	No. of Pages 6		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/27/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON:S497:1642	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00
10/28/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON:S497:1643	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00
10/28/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON:S497:1644	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$18.70

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

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			No. of Pages <u>6</u>		

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10/28/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON:S497:1645	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00
10/30/2018	East Bay Working Families, A Coalition of Unions and Community Groups Richmond, CA 94801 ID# 1390351 Memo Reference: NON:S497:1647	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$510.84
10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,687.93

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OTH - Other	

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STREET ADDRESS 					
CITY Los Angeles	STATE CA	ZIP CODE 90024	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>6</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1641	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,256.26
10/31/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON:S497:1646	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00
10/31/2018	United Food and Commercial Workers International Union, AFL-CIO, CLC Washington, DC 20006-1598	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00

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STREET ADDRESS					
CITY Los Angeles			STATE CA	ZIP CODE 90024	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:1646
in-kind contribution

Memo Reference: NON:S497:1641
in-kind contribution

Memo Reference: NON:S497:1640
in-kind contribution

Memo Reference: NON:S497:1647
in-kind contribution

Memo Reference: NON:S497:1645
in-kind contribution

Memo Reference: NON:S497:1644
in-kind contribution

Memo Reference: NON:S497:1643
in-kind contribution

Memo Reference: NON:S497:1642
in-kind contribution
